



COVER YOUR FAMILY

LOW-COST COMPREHENSIVE COVERAGE FOR MEMBERS & DESCENDANTS

- Medical
- Dental
- Vision
- Prescriptions
- Transportation Reimbursement
- No Waiting for Purchase & Referred Care (PRC)/ Contract Health Referral
- You Decide When & Where to Receive Care
- Zero Premiums & Co-Pays for Members & Descendants

YOU MAY BE ELIGIBLE

If you are a Montana resident between the ages 19 - 64, not Medicare eligible, and meet the income limits below.

FAMILY SIZE	ANNUAL	MONTHLY
1	\$16,753	\$1,396
2	\$22,715	\$1,893
3	\$28,676	\$2,390
4	\$34,638	\$2,887
5	\$40,600	\$3,383
6	\$46,561	\$3,880
7	\$52,523	\$4,377
8	\$58,484	\$4,874

**INDIAN HEALTH SERVICE IS NOT INSURANCE,
BUT MONTANA MEDICAID HAS INDIAN COUNTRY COVERED!**



LEARN – APPLY – ENROLL
COVERMT.ORG



THE MONTANA HELP PLAN HAS YOU COVERED

QUESTIONS ABOUT NEW AFFORDABLE COVERAGE OPTIONS?

HELP IS ALWAYS FREE & CONFIDENTIAL

Enrollment assisters are available to answer questions & help you apply for coverage. Even if you are not eligible for the HELP Plan, they can connect you with other affordable insurance options.

→ MONTANA MEDICAID

→ MARKETPLACE PLANS

→ THE HELP PLAN

→ HEALTHY MONTANA KIDS

FIND LOCAL HELP AT [COVERMT.ORG](https://covermt.org)

APPLY NOW. Most IHS clinics, Tribal Health Departments,
and Urban Health Centers have enrollment assisters
— or you can apply online



OR ENROLL ON YOUR OWN

at healthcare.gov or by phone at 1-800-318-2596